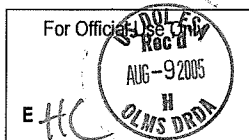


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4734</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Scott</u> <u>Brain</u> P.O. Box, Bldg., Room No., if any Street <u>5811 East Florence Avenue</u> City <u>Bell Gardens</u> State <u>California</u> ZIP Code + 4 <u>90201-4685</u>	4. Name, file number, and address of labor organization. Name <u>Cement Masons' Local 600</u> Labor Organization File Number <u>540-777</u> P.O. Box, Building and Room Number, if any Street <u>5811 East Florence Avenue</u> City <u>Bell Gardens</u> State <u>California</u> ZIP Code + 4 <u>90201-4685</u>
5. Position in labor organization. <u>Financial Secretary & Business Mgr.</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>[Signature]</u>	On <u>8/4/05</u> Date	<u>323.771.0991</u> Telephone Number

Name of Person Filing Scott Brain	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Systematic Financial Management</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any 500</p> <p>Street 8117 Manchester Avenue</p> <p>City Playa Del Rey</p> <p>State California ZIP Code + 4 90293</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Cement Masons' Pension Fund</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any 350</p> <p>Street 1333 S. Mayflower Avenue</p> <p>City Monrovia</p> <p>State California ZIP Code + 4 91016-4066</p>	<p>11.a. Nature of such dealing.</p> <p>Pension Fund Investment Manager.</p> <p>11.b. Approximate dollar value of such dealing. </p> <p>12.a. Nature of interest held or income received.</p> <p>Pension Fund Trustee - Lunch meeting to discuss Pension Fund's investment portfolio on January 19, 2004.</p> <p>12.b. Amount. \$53</p>

C. **Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name SEI Investment</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any Suite 1160</p> <p>Street 123 N. Wacker Drive</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60606</p>	<p>14.a. Nature of payment.</p> <p>Pension Fund Trustee - Lunch meeting to discuss Pension Fund's investment fees and strategies.</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. \$50</p>

Name of Person Filing Scott Brain

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Systematic Financial Management

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 500

Street 8117 Manchester Avenue

City Playa Del Rey

State California ZIP Code + 4 90293

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Cement Masons' Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 350

Street 1333 S. Mayflower Avenue

City Monrovia

State California ZIP Code + 4 91016-4066

11.a. Nature of such dealing.

Pension Fund Investment Manager.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Pension Fund Trustee - Lunch meeting to discuss Pension Fund's investment portfolio on April 7, 2004.

12.b. Amount.

\$34

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Systematic Financial Management

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 500

Street 8117 Manchester Avenue

City Playa Del Rey

State California ZIP Code + 4 90293

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Cement Masons' Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 350

Street 1333 S. Mayflower Avenue

City Monrovia

State California ZIP Code + 4 91016-4066

11.a. Nature of such dealing.

Pension Fund Investment Manager.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Pension Fund Trustee - Lunch meeting to discuss Pension Fund's investment portfolio on September 23, 2004.

12.b. Amount.

\$36

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Wurts Associates

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 2250

Street 2321 Rosecrans Avenue

City El Segundo

State California ZIP Code + 4 90245

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Cement Masons' Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 350

Street 1333 S. Mayflower Avenue

City Monrovia

State California ZIP Code + 4 91016-4066

11.a. Nature of such dealing.

Pension Fund Investment Manager.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Pension Fund Trustee - Lunch meeting to discuss Pension Fund's investment portfolio on June 5, 2004.

12.b. Amount.

\$54